

A.6.1

Other Coverage

General

Applicants are required to report entitlement to and use other available health care benefits, if eligible. Veterans are encouraged to use all medical services available to them through the Veterans Administration.

When a CMS case is established using the CMS IT system, all documentation and verifications used to determine eligibility to and level of coverage within the CMS Program, including CMS forms completed by the patient and eligibility staff, must be imaged and saved into the CMS IT system.

**A.
Payer of Last
Resort**

CMS is the payer of last resort. It does not pay insurance deductibles or co-payments.

**B.
Notification**

Applicants indicating that they have other health coverage must complete a Health Insurance Questionnaire HHSA: CMS-69. Veterans do not need to complete a questionnaire unless they have private health insurance. The Worker:

1. has the applicant complete the questionnaire;
 2. checks it for completeness. Verifies that a phone number for the insurance company is given, the policyholder's social security number is provided and the form is signed and dated;
 3. the form is scanned into the CMS IT System and the original is sent to ASO via interoffice mail MS-0557B
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A.6.2

Third Party Liability

General

A CMS beneficiary shall reimburse CMS from any settlement received (including a settlement from the beneficiary's own insurance) for health care services provided by CMS for which another party may be

responsible (e.g., vehicle accident, job injuries, injuries caused by a third party's action). The applicant must complete the Third Party Liability Report (HHS: CMS-7) as fully as possible. Worker scans the report into the CMS IT System and notifies CMS by sending a completed report to the CMS TPL Analyst at MS O-557A. If the applicant refuses to complete and sign the report, the worker denies the application for refusal to comply with program requirements and narrates the details surrounding the refusal in the case record.

To ensure that all necessary information is reported to CMS and that applicants acknowledge their responsibility to reimburse CMS, only the HHS: CMS-7 is used. Workers should review the completed report to ensure that it contains all information and that the information is legible. It is not necessary to complete a report if the applicant received a settlement before applying for CMS, has spent the money, and now qualifies for CMS.

**A.
Injured
Applicant
Information**

The CMS TPL Analyst responsible for collecting payments needs the applicant's full name, month, day and year of birth, and Social Security Number. The applicant's complete address, including apartment or space number, ZIP code and phone number, including area code, are required. The addresses and phone numbers of the applicant's representative, attorney and/or insurance agent are also required.

**B.
Accident
Report**

This section gives the details about the accident and injury and helps the CMS Analyst identify the claims that are related to a particular accident. The date (month, day and year) that the accident occurred and the place where it occurred is required. If possible, give the physical location of the accident (e.g., Hwy 15 at 163 off ramp, IHOP Restaurant, bathtub at home, etc). Identify where initial treatment was given (e.g., name of hospital, paramedics, none, etc). Indicate the type of injury (e.g., one or multiple car accident, pedestrian v. auto, a slip and fall, a burn, an assault, etc). Indicate, as specifically as possible, the injured body part(s) (e.g., broken leg or arm, head injury, internal injuries, etc.), if a police report was filed, and if injury occurred on the job.

**C.
Responsible
Party**

The information in this section is used to determine how to pursue collection. Complete as much information as possible. The responsible party may be an individual's name, an agency's name (police department), or a company's name (worker compensation case). Indicate the full name of the insurance company and whenever possible the policy number. Provide the company's complete address

including suite number, and whenever possible, the name of a contact person. Information about the attorney representing the third party should be as complete as possible. If the applicant does not know the information, enter unknown.
